

Date of IFSP/Addendum _____

Review Due _____
(6 month / Annual / Other)

_____'s **Summary of Early Intervention Services (Supplement)**
(Child's Name)

Early Intervention Services	Outcome (Key Word or Number)	Method (Group/Individual), Intensity of Service (Total Minutes/Month), and Frequency (How Often)	Duration (Start/End Date)	* Payment Source	Person(s) / Agency(ies) Responsible